

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054896

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: ARENA MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741

## New Principal Place of Business:

## Current Mailing Address:

101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741

## New Mailing Address:

FEI Number: 59-3269832

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUDLAM, LESLIE  
3485 W. VINE STREET  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

LUDLAM, LESLIE  
101 PARK PLACE BLVD.  
SUITE 2  
KISSIMMEE, FL 34741 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LUDLAM, LESLIE  
Address: 3485 W. VINE STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: VP ( ) Delete  
Name: ARENA, WALTER  
Address: 3485 W. VINE STREET  
City-St-Zip: KISSIMMEE, FL 34741

Title: STD ( ) Delete  
Name: LUDLAM, LESLIE  
Address: 3485 W. VINE STREET  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE LUDLAM

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date